Therapeutics drugs cover was good compared to previous studies: 98% of patients has been treated by beta blockers, 94% by an antagonist of renin-angiotensin-aldosteron system and 82% by an antagonist of mineralocorticoid receptor. Survival after 3 years of treatment was 87.5%. Re-admission rate was less than one readmission per patient and per year. No diagnosis parameter was a prognosis factor. But after 6 months of treatment, univariate analysis found significant prognosis factors of survival: dyspnea I-II, 6 minutes walking test >300m, BNP<400ng/ml (p<0,001). In multivariate analysis only BNP<400ng/ml at 6 months was associated with survival (p=0,012).

Conclusion Heart failure management unit in Bordeaux is conformed to European guidelines. Ambulatory sector is a good solution to cope with increasing activity. The most predictive factor of survival in our unit experience was evaluation at 6 months after diagnosis (like BNP<400ng/ml).

The author hereby declares no conflict of interest

0159

Gender differences in a population of patients with chronic heart failure related to left ventricular systolic dysfunction and receiving optimal medical therapy

Ilham Bensahi*, Salim Arous, Rachida Habbal
CHU Ibn Rochd, Casablanca, Maroc
*Corresponding author: ilham.bensahi@gmail.com (Ilham Bensahi)

Introduction Controversial results have been published concerning a possible gender survival difference in patients with chronic heart failure (CHF).

Methods We analyzed data from consecutive patients with stable CHF admitted to our chronic heart failure unit. Patients underwent coronary angiography, echocardiography and biological exams.

Results We included 563 consecutive patients of whom 243 (43.16%) were women. The major difference in clinical characteristics was a higher proportion of hypertension, dyslipidemia and diabetes in women compared to men (64.9 vs. 35.1%; p=0.01, 65.9% vs. 34.1%; p=0.0001 and 62.7% vs. 37.3%; p=0.0001 respectively), men are more frequently smoker with higher ischemic cardiomyopathy compared to women (64.6% vs. 35.4%, p=0.0001), they had a lower left ventricular ejection fraction (35%±9 vs. 38%±9%, p=0.05). Level of serum uric acid was higher in men (63.7±18.1 g/l vs. 59.1±20.3 g/l; p=0.005) while they preserved more their mean Glomerular Filtration Rate (GFR): 65.17±24.6mL/min vs. 58.47±22.98mL/min. Therapeutic management was similar in men and women. There was no gender difference in cardiac survival. Cardiovascular mortality rates at 2 years were 11% in men and 13% in women.

Conclusions Despite a lower percentage of ischemic cardiomyopathy in women, no gender survival benefit was found in our population of CHF patients receiving optimal medical therapy.

The author hereby declares no conflict of interest

0049

FDG-PET imaging for the management of suspected inflammatory cardiomyopathies beyond cardiac sarcoidosis: a single center initial experience

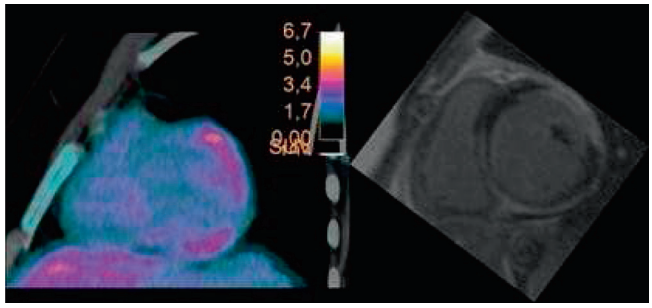
Lucile Becoulet* (1), Jean-Noel Trochu (1), Amandine Pallardy (2), Damien Guijarro (2), Cédric Mathieu (2), Frederic Valette (2), Jean-Pierre Gueffet (2), Jean-Michel Serfaty (3), Francoise Kraeber-Bodere (3), Nicolas Piriou (3)
(1) CHU Nantes, Institut du thorax, Nantes, France - (2) CHU Nantes, Médecine nucléaire, Nantes, France - (3) CHU Nantes, Radiologie, Nantes, France
*Corresponding author: lucile.becoulet@hotmail.fr (Lucile Becoulet)

Purpose FDG-positron emission tomography (PET) has high diagnostic accuracy in cardiac sarcoidosis (CS). Beyond CS, the non invasive diagnosis of inflammatory cardiomyopathies (IC) is challenged by a lower diagnostic performance of usual tools as magnetic resonance imaging (MRI).

Methods 17 consecutive patients with suspected IC had a FDG-PET to detect myocardial inflammation. From all clinical data including PET, we classified patients in either CS or non-CS and respective PET data were compared. The clinical impact of adding PET in the non-CS group was evaluated by comparing diagnosis and management proposed by an expert blind to PET with final diagnosis and management actually held in practice.

Results 6 patients had CS, all with positive PET. In the 11 non-CS patients, 7 had a positive PET. All had MRI late gadolinium enhancement in FDG uptake areas, suggesting a true positivity of PET for the presence of inflammation. PET data were all significantly different between CS and non-CS patients with positive PET, particularly the coefficient of variation of cardiac SUV which is an index of heterogeneity of FDG uptake was significantly greater in CS patients (0,4 vs 0,17 p<0,002). In non-CS patients, 2 were classified as certain IC, 2 as excluded IC, and 7 as possible IC by an expert blind to PET. Adding PET in clinical practice, IC was excluded for 5 of the 7 patients with possible IC, 2 patients remained with a possible IC diagnosis and the 2 certain IC were confirmed. PET did not change patient management in terms of endomyocardial biopsy or immunosuppressive therapy.

Conclusion Some patients with suspected IC had a positive FDG-PET in favour of myocardial inflammation, with a different pattern from that observed in CS. Adding PET to usual diagnostic tools led to a decrease of possible IC diagnosis that turned in excluded IC. These preliminary data suggest a potential role of PET for the non-invasive diagnosis of IC that will need further investigations.



Abstract 0049 – Figure: FDG uptake concordant with MRI-LGE

The author hereby declares no conflict of interest

0410

Cardiovascular manifestations in antiphospholipid syndrome

Thouraya Ben Salem*, Wafa Ben Salem, Maria Khatib, Molka Tougorti, Imed Ben Ghorbel, Mounir Lamloum, Mohamed Habib Houman
Hôpital La Rabta, Tunis, Tunisie
*Corresponding author: bensalemthouraya@yahoo.fr (Thouraya Ben Salem)

Introduction Antiphospholipid syndrome (APLS) is defined by the occurrence thrombosis, and/or obstetric morbidity associated with the presence of antiphospholipid antibodies. Cardiovascular manifestations of APLS are variable and some of them can be life threatening.

Patients and Methods Retrospective study of patients with APLS (diagnosed according to Sidney classification criteria of 2006) in an Internal medicine department over a period of 14 years.

Results Thirty-four patients with APLS had cardiovascular involvements (66.6%); 30 females and 4 males, with a mean age of 40.5 years (24-74 years). Cardiovascular involvements revealed the disease in 53% of cases. Venous thromboses were most frequent manifestation: deep-vein thrombosis (DVT) (12 cases), pulmonary embolism (5 cases), cerebral venous thrombosis (1 case), inferior vena cava thrombosis (1 case), portal vein thrombosis (1 case), superficial venous thrombosis (1 case) and central retinal vein occlusion (2 cases). Arterial thromboses were noted in 12 patients: stroke (9 cases), upper limb artery, renal artery and occlusion of central retinal artery (each in 1 patient). Acute coronary artery thrombosis was observed in one patient (myocardial infarction). Pericarditis was noted in 3 cases, valvular disease in 2 cases (an aortic and a mitral stenosis), and myocarditis in 1 patient. Anti-